

THE PROGRESS OF REGISTRATION*

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THE modern movement for legal status for nurses dates from 1887, and began in England with the founding of the Royal British Nurses' Association by Mrs. Bedford Fenwick to institute a system of registration for nurses similar to that obtaining for the medical profession. It is a temptation to go into the preliminary history and the later ups and downs of this first registration movement, but time forbids and I will only give you the dates of important events in registration history and afterwards consider in more detail the different countries and their records and results.

The year 1891 saw the first registration act passed, in Cape Colony, South Africa. In 1894 the Matrons' Council of Great Britain and Ireland was established, one object being, "to bring about a uniform system of education, examination, certification and state examination for nurses in British hospitals."

In 1895 the first public expression of the medical profession as a body was offered, a resolution in favor of registration by Act of Parliament being passed by the British Medical Association at its annual meeting. This association also directed its council "to take such measures as may seem to them advisable, to obtain such legislation." In 1899 registration of trained nurses was enforced by Act of Parliament in Natal; the Australasian Trained Nurses' Association was formed in Australia to work for a system of registration and in 1901 state associations for the same purpose were formed in New York, in North Carolina and in Virginia.

In 1901 a Nurses' Registration bill was passed by the Government of New Zealand and the nurses of Victoria in Australia formed a separate association to work for registration. In 1902 the Society for the State Registration of Trained Nurses in Great Britain was founded. In 1903 acts providing for registration were passed in North Carolina, New York, New Jersey and Virginia.

In 1904 the English State Society presented a bill in the House of Commons, and a second and similar bill was presented by the Royal British Nurses' Association. On petition of the English society, Parliament appointed a select committee of the House of Commons to inquire

* An address given before the New York State Nurses' Association at Niagara Falls, October, 1905.

into the condition of nursing and to consider the question of the registration of nurses.

In 1905, in July, this committee returned a favorable report to Parliament.

We may now look over the practical details of the work in other countries, and begin with South Africa. Registration came about there in the following way. A Medical and Pharmacy Act was about to be passed, and a petition was entered by a number of nurses asking that nurses might also be included in its provisions.

The leader of this movement was Sister Henrietta, of Kimberley, a strong and attractive personality, whom a number of American nurses, including Miss Palmer and myself, had the privilege of meeting at the London Congress of Women in 1899. One year of grace was given, then, for a year, only one year of training was exacted. This was then amended and two years' training required; finally, in 1899, an amendment fixed three years of training in a hospital of not less than forty beds.

Certificates are no longer given by individual schools, only by the central examining body, which prepares a syllabus of subjects and conducts written and oral examinations.

There is no nurse on the council or examining body. A report on the Cape Colony legislation was sent to the Berlin meeting of the International Council of Nurses by Dr. Moffat, from which I take the following extracts:

“The legislation in the Act of 1899, Part II, Section 4, affecting nurses, is gradually improving the education of nurses and raising the standard of professional knowledge. Nearly all of the hospitals in British South Africa elect as ward sisters only nurses who either hold the diploma of trained nurses granted by the Colonial Medical Council, or, if educated outside of South Africa, have certificates entitling them to register here. In this hospital we have a rule that ‘Ward sisters shall be registered nurses under the Colonial Medical Act.’

“All the hospitals train their nurses with the view of entering for the Government examination at the end of the third year, and it has come to be the regular thing for a nurse to look forward from the beginning of her training to the Government examination as the completion of it, after which she can call herself a trained nurse. Many nurses who trained some years ago and neglected to take their diploma—it then not being the rule to do so—now find they cannot get work either in hospitals or private institutions, and have to turn to and work for their examination.

“ The facts show that the Act is working in the right direction, and perhaps it is better that it should be so doing in a gradual manner; thus the public opinion of nurses, and so later of the community, will not be far behind legislation. Then when we amplify and add to our legislation it will have the support of the profession and be effective, whereas if the profession and public are not ready to receive legislation it would be inoperative.

“ I will specify a few imperfections, or what I consider such, in our Act.

“ 1. There is still nothing to prevent a woman untrained or partially trained from styling herself ‘trained nurse,’ and we have many such. Now, the Act should make the term ‘trained nurse’ one which can apply only to a nurse who is registered, that is, to one who has had three years’ training at a recognized school and passed the state examination or its equivalent. Anyone else using the term should be liable to prosecution. That is, *we need a penalty clause*. I may remark that I have used the term ‘trained nurse,’ but if the council can suggest a better, that one will do. What we want is a term which will connote a proper training and examination, and which belongs to nurses and nurses only, just as the term Doctor of Medicine applies only to a medical man. In time the Sarah Gamp will be unable to enjoy the perfectly free use of a title which belongs only to the trained and certified nurse.

“ 2. We have no provision for the removal of a nurse’s name from the register should she be guilty of crime, or conduct ‘infamous in a professional respect.’

“ 3. I venture to suggest, even though I may tremble at the thought of what our council would say to such a thing, that some at any rate of the members of the council should be trained nurses, who could discuss and vote on nursing questions. Probably in time there will be a nursing council; some of these should be trained nurses. At present the members of our council are all men.

“ 4. In the same way, I think the examination should be conducted in part by trained nurses.

“ The great gain which would follow from the two latter additions do not need to be pointed out.

“ The Cape Colony was among the first countries to enjoy state registration of nurses, but we do not enjoy the full benefits which ought to follow state registration; that will only come gradually.”

Now to go to New Zealand: The New Zealand law is not only a good one but it is excellently administered—a point of great importance.

for it avails nothing to have a good law if it is not well carried out and enforced.

I have a strong conviction that one great reason why the New Zealand work is so good is that every woman there has full suffrage just as men have. They are thus placed on an equality with men in sharing public duties and responsibilities. The hospitals of New Zealand receive grants from the state. There is an inspector of hospitals, and an assistant inspector of hospitals who now also is the registrar of nurses. This assistant inspector is a nurse, Mrs. Neill, a quiet, capable, efficient woman, to whose tact and ability the successful administration of the Act is largely due. This we learn from her chief. Every hospital is inspected at least once a year, and a full report of all details is given to the New Zealand Parliament. I present the following extracts from Mrs. Neill's report sent to the International Council last year:

"Although the New Zealand Act does not make registration by the state compulsory, it was very soon found by nurses that such registration was greatly to their advantage, and gave them a professional status hitherto lacking. The private nurses found it specially advantageous to them, for in New Zealand, as elsewhere, any woman who chose to wear a uniform was regarded by the public as a 'hospital nurse.' The Trained Nurses' Registration Act has made a clear line of demarcation, thereby educating the patient's friends to enquire whether the uniformed young woman sent to them is a 'registered nurse' or not. I unhesitatingly pronounce the effect of state registration to be good from every point of view; it is proving of benefit to the public, to the medical man, and to the nurses themselves. Its force lies not in compulsion, but in steady pressure. I know of several young women who have been private nursing for years (having had absolutely no hospital training), and who this year have found themselves obliged to enter a general hospital for the three years' training with a view to registration, or to give up going out nursing. Of course, no registration act can be thoroughly effective until such time as the medical profession find it to their own and their patients' interest to recommend the employment of registered nurses.

"A list of registered nurses is published in the Government Gazette in January of each year."

I would like here to draw your attention to a provision of the New Zealand Act.

Section 12 of the N. Z. Act says:

"In all appointments of nurses in hospitals under the control of

Boards constituted under 'The Hospitals and Charitable Institutions Act, 1885,' preference of employment in regard to future vacancies shall be given to registered nurses: Provided that nothing herein contained shall be construed to interfere with the employment of probationer nurses in such institutions."

Another interesting point about the New Zealand work is the way the examinations are arranged. They are half theoretical and half practical, the practical part being conducted in a hospital by a medical man and a matron (principal of training school). This kind of examination, practical in a small country, would of course be very difficult in a large one. Before leaving New Zealand let me emphasize the fact that the inspector is a nurse. This is the strong point of the New Zealand law.

Australia is doing excellent and energetic work on lines of general education and preparing for state registration by a voluntary system. The Australasian and Victorian associations recognize certain hospitals, and the Victorian association has gone so far as to attain a central examining board. Miss McGahey's report received at the Berlin meeting gives details from which I quote as follows:

"As yet, the Council of the Australasian Trained Nurses' Association have not seen their way clear to appoint a central examining board. This matter will receive consideration shortly. An informal meeting was quite recently held in Sydney to discuss state registration for Australasia. The subject will be fully considered at a meeting of nurses which will be convened at an early date.

"According to the rules of the Australasian and Victorian Trained Nurses' Association no registered hospital can appoint a matron who is not a member of either association. This course has been adopted to prevent hospital committees from appointing untrained nurses to such positions.

"The Victorian Trained Nurses' Association was founded in June 1901, and has now a membership of over a thousand nurses. All the leading public hospitals in Victoria are recognized as training schools. The minimum period of training is three years and no nurse can be registered who has only received a course of training in a special hospital. Last year the Victorian Association appointed a central board of examiners. At regular intervals they hold examinations in Melbourne and the sub-centres. Between the Australasian and Victorian associations a basis of reciprocity exists. This arrangement has been found to work very satisfactorily.

"We are, to a certain extent, organized through our associations,

and that being now accomplished, state registration for nurses will not be such a difficult matter to carry into effect.

"In conclusion, let me congratulate those of you who have already obtained it, and wish you every success, and may I also express the hope that those who are now working in that direction will soon see their wishes gratified."

The recent numbers of the Australian nursing journals give additional items of interest along these lines, showing that they are dealing systematically with the details of preliminary and professional educational, post-graduate work and special qualifications for matronship (as head of training school or institutions).

I would here draw special attention to one point in the Australian standards—namely, their most excellent and practical provision that the head of a registered hospital training school must herself be a thoroughly trained nurse.

This should everywhere be regarded as one of the first essentials in raising educational standards, for an untrained head cannot teach or train her subordinates. If my memory serves me rightly, we have not secured this most important and fundamental provision in our own State of New York,—a great mistake, for nursing can only be rightly taught by nurses, and it should be our aim to see that every registered school should have at its head a woman who is eligible for registration.

There are also quite recently developed movements for registration in Holland and Germany, and I am strongly inclined to the opinion that state registration in the latter country will not be long delayed. Holland has an association working at a voluntary system, but they have not made as much progress as the Australians.

The struggle in England has been long and bitter. It is impossible for me in a few moments' time to go into it. Suffice it to say that in 1896 the Royal British Nurses' Association, having fallen into reactionary hands, blocked by one vote the proposed action of the British Medical Society already spoken of, and nothing further was done until the Society for State Registration was established by Mrs. Fenwick, who was made its secretary, under the presidency of Miss Louisa Stevenson. The favorable report of the select committee must be regarded as a great victory for this society and as arguing most hopefully for the cause, though it is not, of course, equivalent to having a bill passed. The select committee does not recommend a central examination, but would leave examination to the schools. It recommends a central nursing board, to be created by Act of Parliament, and containing nurses and matrons (training school superintendents) who shall have the right

of inspection of training schools and shall fix a minimum standard and deal with all questions of detail. The opposition in England has been of a most peculiar, intangible, un-get-at-able nature, and vastly greater than any we have had so far. Where we have trouble, theirs is multiplied by ten; therefore I feel that only those who know this opposition can realize how great is the triumph of the select committee's favorable report. As our own home affairs are well known to you I will only bring forward some practical points which I feel ought to be emphasized for your attention. First is the question of the small training school. We can all bear instant and willing testimony to the value, the importance of small hospitals to their communities. They are humanitarian and necessary. It does not follow though that the small training school is always valuable or important or necessary. Many small hospitals are unable to show their pupils the necessary variety of cases for training, and the right thing for these institutions to do, from a professional standpoint, and the sound thing from the ethical standpoint, is to employ graduate nurses, or to coöperate with another or several institutions, or to combine these two methods. The reason for conducting a training school in the very small or special hospital is, that it is the cheapest method, and this reason is very pitiful in our enormously rich country. In many a poorer land one finds graduates employed as a matter of course in institutions providing only a limited service.

The question of where to draw the line in fixing a minimum is a burning one in all countries that have begun to establish a standard. The Victorian association meets it with the requirement, that all candidates for registration shall show:

(a) "That they have been engaged for three years in a general hospital recognized by the council, and having an average of not less than 40 beds occupied daily; or

(b) "That they have been engaged for four years in a country, district, or suburban hospital recognized by the council, and having an average of not less than 20 beds occupied daily; or

(c) "That they have been engaged for five years in a private, country, district or suburban hospital recognized by the council, and having an average of not less than 10 beds occupied daily."

Mrs. Neill of New Zealand writes:

"There is no line drawn by the New Zealand Act regulating the size of hospitals permitted to send up candidates for examination. This has been criticised as a defect, for, naturally, a nurse having been three years in a small country hospital of some twenty or so beds could

not have acquired the knowledge and experience of one trained in a larger hospital. Practically, in New Zealand, at any rate, it seems to work out satisfactorily. It is leading the smaller hospitals to employ registered nurses instead of trying to train local girls as probationers."

Miss McGahey writes of the Australasian Association:

"The council of the association are fully aware of the fact that small country hospitals have not the facilities for training pupils, and they have made suggestions as to the rectifying of this difficulty. Unfortunately, the committees of these hospitals have not adequate funds at their disposal to pay for the services of fully-trained nurses and their only alternative is to pay one or perhaps two trained nurses and take in pupils. When state registration comes, these partially-trained women will fare badly, when they present themselves for examination with fully-trained nurses from up-to-date hospitals."

The Matrons' Council of Great Britain as well as our Superintendents' Society, has discussed this question, and they reach the same conclusion, viz.: that the best solution lies in affiliation. Miss Helen Todd, herself a matron of a special hospital, and writing from the point of view of full sympathy with the small and special hospital says:

"By affiliation I mean the scheduling of the special and smaller general hospitals in groups sufficiently representative of all classes of cases, so that a nurse working through such a group would receive a thorough training in all branches of her profession.

"In my opinion the groups should consist of a general hospital, a fever hospital, one or more special hospitals, in each case the number of beds to be not less than 40.

"One need scarcely point out what admirable surgical work is done in the small provincial hospitals, although comparatively little medical experience is to be gained in them. Here the work of the fever hospitals would come in.

"Affiliation would also prevent the granting of worthless certificates by small and special institutions, and check the increasing number of partially-trained nurses who at present issue from these hospitals armed with so-called certificates."

There is a word to be said to nurses in this connection. If it is important that small institutions should employ more paid nurses it is most necessary that good nurses should be willing to take these positions, which are honorable, useful and responsible, but which are too often looked down upon in contrast with highly paid private duty, under the influence of the commercialism which marks our society.

Another point I want to bring before you is the importance of keeping the practical side of our education predominant,—of insisting that the pupil must not only be taught to know, but that she must be taught to do. The only English argument of the opposition that seemed to me to have anything to it was, that a state examination might tend to pass a woman who had learned from books rather than from practice and experience. This danger does exist; it can be avoided, but it might come to pass unless we are continually vigilant in keeping our standards and our examination practical.

A third point I want to bring before you is the immense influence which nursing journals professionally controlled have had in this movement; I want to note that every such journal—and we have them now in America, Canada, England, Holland, Germany, and Australia, while France has one edited by physicians of a specially progressive type—is consistently and emphatically working for state examination and legal status, whereas the lay nursing press everywhere is either violently opposed or wobbling or not interested.

Finally, I ask you to remember that this is far more than a mere question of what affects nurses. It is a part of the movement toward betterment of general education; it is a part of the movement to elevate women by fitting them for the better performance of their duties. It is a part of the effort to develop the human race and bring it to a nobler type.

It is not only a nurses' affair. It is an educational question. It is a woman's question. It is a part of the vast human advance.

THE AMERICAN TUBERCULOSIS EXHIBITION

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THE American Tuberculosis Exhibition was held in the Museum of Natural History, New York city, and lasted for two weeks, from November 27, to December 8, 1905. It was organized under the auspices of the National Association for the Study and Prevention of Tuberculosis, and of the Committee on the Prevention of Tuberculosis of the Charity Organization Society of New York, and was "planned as an educational measure in the present widespread campaign against Tuberculosis" to show by means of diagrams, photographs, charts, models and the like the various methods which are being adopted throughout